BEST AVAILABLE COPY

•	PATENT		tive Janua	ary 1, 20	003	ION RECO	RD	Å	pplication / U/	,	Pockel Nur 15 80	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR - SMALL ENTITY		
Ľ	OTAL CLAIMS	33				RA	ΤĒ	FEE	7	RATE	FEE	
FC)R	NUMBER FILED		NUMBER EXTRA		BASK	FEE	375.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			33 minus 20=		· 13		XS	9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		. 4		X4) -	 	1	X84=	234
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT							OR	A04=	
• If	the difference	e in column 1 is	less than z	ern enter	"O" in	mluma ?	+14	0=		OR	+280=	
	110	N AIREO AO A	TARRIAN E	cio, cii(e)		COMMIN 2	TOT	AL		OR	TOTAL	984
	Claims as a (Column 1)		TOOIGIT		1012	(Column 3)	SMA	LLI	ENTITY	OR	OTHER SMALL	
AMENDMENTA		REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RAT	ΠE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 33	Minus	- 3	3	= /	X\$			OR	X\$18=	7
	Independent	- 3 ENTATION OF M	Minus	A	3	- /	X42	:=		OB	X84=	/
		ENTATION OF ME		PENDENI	CLAIM		+14)=		OR	+280=	/
N	11/05						ADDIT.	TAL		OR	YOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
MENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 33	Minus	- 3	3	. /	X\$ 9	=		OR	X\$18=	/ /
	Independent	. 3	Minus	***	3	-/	X42	_			X84=	
_	CINO I PAESE	NIATION OF MI	JLTIPLE DEF	LTIPLE DEPENDENT		CLAIM		\dashv		OR		/
							+140			OR	+280=	/ .
•		12					ADDIT.	TAL		OR	TOTAL ADDIT. FEE	/ .
		(Column 1) CLAIMS		(Colum		(Column 3)				•		
C		REMAINING AFTER		NUMB	ER	PRESENT	PAT		ADDI-		CATE	ADDI-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

AMENDMENT

Minus

Minus

PREVIOUSLY

PAID FOR

EXTRA

FORM PTO-875 (Rev. 12/02)

Total

Independent

*U.S. Government Printing Dilice: 2003 -- 498-278/53151

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

RATE TIONAL

X\$18=

X84=

+280=

ADDIT. FEE

FEE

RATE TIONAL

X\$ 9=

X42=

+140=

ADDIT, FEE

TOTAL

FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Pald For" (Total or Independent) is the highest number found in the appropriate box in column 1.